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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials				

ADDRESS

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TITLE

Image management apparatus and medical network system

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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